

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK REST HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Greg Cates on April 7, 2015. Records indicates this facility was first licensed on January 1, 1969 with Ten (10) Resident Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 516(c)- Institutional Buildings. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on April 7, 2015: a. There were loose hand grips (grab bar) at the commodes, tubs and showers in the following	C 133		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 133	Continued From page 1 locations to include but not limited to: i. Shower in Bathroom between Bedroom 1 & 2, ii. Short shower in Corridor Bathroom	C 133		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having locked areas to contain substances which may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidently use or come in contact with one of these hazardous substances. Findings on April 7, 2015: a. The Corridor Bathroom did not have separate locked area for the cleaning agents, and other hazardous substances.	C 143		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be	C 148		

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C 148	Continued From page 2 capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on April 7, 2015: a. The handrail was loose, and disconnected, at the following locations to include but not limited to: i. Main corridor back side near exit door; ii. Front door left wall. iii. Main corridor front side near Personal Office.	C 148		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use this unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on April 7, 2015:	C 152		

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C 152	Continued From page 3 a. The guardrail was loose, at the following locations to include but not limited to: i. Right side Exit.	C 152		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on April 7, 2015: a. The exterior door hardware was not single-motion at the Pantry entry. b. The door hardware was not single-motion at the Kitchen to Pantry door.	C 153		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160		

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C 160	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe operating condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards and equipment in disrepair. Findings on April 7, 2015: a. The back and right side of the site was littered with trash, equipment and piles of materials.	C 160		
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Based on observation, the outdoor lighting of the walkways and drives did not have five foot candles of illumination at ground level. This could affect all residents, staff and visitors if walkways and drives are not properly illuminated, warning of tripping hazards or obstructions. Findings on April 7, 2015: a. The light fixture located on the exterior corner soffit, near the kitchen, was missing its shroud. The shroud would direct available light to the walks and driveway.	C 162		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	<p>Continued From page 5</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions.</p> <p>Findings on April 7, 2015:</p> <p>a. In Bedroom 1 two roach was observed on the GFCI electrical power outlet, and the outlet had roach droppings covering it.</p> <p>b. The floor registers had a buildup of dust, dirt, and lint on them at the following locations to include but not limited to:</p> <p>i. Corridor near Office,</p> <p>ii. Kitchen.</p> <p>c. The floors and walls were dirty at the following locations to include but not limited to:</p> <p>i. Bedroom 1</p> <p>ii. Corridor Bathroom,</p> <p>iii. Kitchen.</p> <p>d. The globe to the light fixture above the sink was missing at the following locations to include but not limited to:</p> <p>i. Bedroom 1.</p> <p>e. There was lint and clothing behind the dryer.</p> <p>f. The Kitchen sink caulk surround was deteriorating and is allowing moisture in.</p> <p>g. Some walls in the kitchen are covered by Plexiglas and had has captured some roaches.</p>	C 164		

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C 164	Continued From page 6 h. The freezer had a good growth of mold where the seals have giving out.New unit on porch. i. In the pantry there were canisters of food and cooking supplies that vermin had chewed into. j. In the pantry there was vermin feces on the shelves. k. In the laundry there was vermin feces on the floor and a vermin hole in the wall. l. The refrigerator as drain onto the floor besides the refrigerator m. In both left Bedrooms, there were broken light sockets on the wall mounted light fixtures.	C 164		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on April 7, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags, b. Through-out the building, the portable fire extinguisher's annual maintenance was last	C 183		

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C 183	Continued From page 7 performed on August 2013, except for the Furnace Room which was last preformed on August 2011.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to perform and document rehearsals of the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when there is a need to evacuate the building. Findings on April 7, 2015: 1. There was no documentation of rehearsal for the last four quarters.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	<p>Continued From page 8</p> <p>REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas. This could affect all residents, staff and visitors if a fire could not be contained adequately.</p> <p>Findings on April 7, 2015:</p> <p>a. The Office was over packed with items, making it difficult to egress/ingress and has added a substantial amount of fire load to this area.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on April 7, 2015:</p> <p>a. Unprotected ceiling penetration around commercial kitchen hood fire extinguishing systems pipes/conduits in Kitchen.</p> <p>b. The ceiling had three separate unprotected cable penetration through the ceiling assembly in the Office.</p> <p>c. Three ¾ inch EMT conduit had gaps between their ends near the ceiling, exposing their cables and holes through the ceiling assembly at the following location to include but</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>not limited to:</p> <ul style="list-style-type: none"> i. Bedroom 2, ii. Bedroom 3. <p>3. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on April 7, 2015:</p> <ul style="list-style-type: none"> a. A portable medical oxygen cylinder was stored insecurely in a small shopping cart at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Bedroom 2 <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on April 7, 2015:</p> <ul style="list-style-type: none"> a. There was a "cable television" cable running in the corridor, under the doors between Bedroom 3 and the Office. b. There was a unapproved multi-plug adapter at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Corridor between Bedroom 3 & Office. <p>5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on April 7, 2015:</p> <ul style="list-style-type: none"> a. The closet in Bedroom 3 were locked from 	C 189		

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C 189	Continued From page 10 the outside with a hasp device and padlock. 6. Based on Observation, the facility failed to provide equipment maintained in a safe operating manner. Findings on April 7, 2015: a. The commercial kitchen hood's fan was not moving air because the motor was in a bind. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 7, 2015: a. Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last inspected in July of 2014. b. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2014, the monthly inspections, and record keeping had not been documented. c. On the commercial kitchen hood's fire extinguishing system the manual actuator (pull station) was obstructed with duct tape cover it.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed	C 199		

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C 199	<p>Continued From page 11</p> <p>before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ul style="list-style-type: none"> 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. <p>Findings on April 7, 2015:</p> <ul style="list-style-type: none"> a. The spot exhaust fan was not running, at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Corridor Bathroom. 	C 199		